

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 04-16-2008

Address: CR 1100N w/o CR 500E

Case #: 32-28378

Sullivan, IN

County: Sullivan

47850

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open No Structure
☒ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: woods
☒ Water Reactive Metal (Lithium): woods
☒ Anhydrous Ammonia: woods
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes 0 (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☒ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Assist other agency

This report is to be faxed to the following agencies that serve the location:

Fire Department: Sullivan FD

Fax: 812-268-5837

Health Department: Sullivan County

Fax: 812-268-0423

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: S/Tpr Ritch Reynolds Phone 812-299-1151

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.